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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
10/091183

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 *	-
INDEPENDENT CLAIMS (37 CFR 1.10(b))	minus 3 *	-
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter '0' in column 2

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ _____
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL	

OR

Or

(11)

Ok

On

RATE	FEE
	1.
x 1.	
x 1.	
x 1.	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
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AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (3) CFR 1.16(d)		7	Minus	20	1
Independent (3) CFR 1.16(b)		3	Minus	3	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

DATE	ADDITIONAL FEE
\$ 25	
\$ 100	
\$	
TOTAL ADD'L FEE	

Or:

OR

OR

OR

RATE	ADDITIONAL FEE
K \$ 50	
J \$ 200	
I \$	
TOTAL ADD'L FEE	

AMENDMENT 8	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total 13 CFR + 1960	1	minus	1		1
Independent 13 CFR + 1960	1	minus	1		1
TOTAL PRESENT + 1960 MINUS 1960 INDEPENDENT CLAIM 13 CFR + 1960					

RATE	ADDITIONAL FEE
1. \$ _____ :	
2. \$ _____ :	
3. \$ _____ :	
TOTAL	
ADDITIONAL FEE	

OK

Q3:

13.

66.

RATE	ADDITIONAL FEE
1 \$ _____	
1 \$ _____	
1 \$ _____	
TOTAL	
ADDITIONAL FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMARKS ATTOR AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAGE FOR	FILE SERIAL NUMBER	
		Minus	---		
	INDEPENDENT CLAIM NUMBER	Minus	---		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFF 1 (HIGH)				

NAME	ADDRESS
1 \$ _____	
2 \$ _____	
3 \$ _____	
TOTAL	
AMOUNT	

٥١١

505

54:

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DATE	AMOUNT PAID FOR
10/1/2011	
10/2/2011	
10/3/2011	
10/4/2011	
10/5/2011	
TOTAL AMOUNT	

*** If the highest H value (found in H) is less than 3, enter '3'

The "strong" element of the set, \mathcal{C}_1 , of \mathcal{C} is the largest number found in the appropriate box in column 3.

[illegible]

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